PTO/SB/22 (10-07)
Approved for use through 10/31/2007. OMB 0651-0031
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PETITIO	N FOR EXTENSION OF TIME UNDER 37	Docket Number (Optional) 2658-0280P							
(Fees ρι	FY 2006 rsuant to the Consolidated Appropriations Act, 20	2000-0	J260P						
Application	n Number 10/029,035-Conf. #3	Filed Decei	mber 28, 2001						
For VACUUM DEPOSITION APPARATUS									
Art Unit	1763	Examiner R. N. Kackar							
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.									
The reque	sted extension and fee are as follows (check tin	ne period desired	and enter the appropriat	e fee below):					
	7 -	<u>Fee</u>	Small Entity Fee						
	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$					
	Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$					
)	Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$ 1,050.00					
	Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$					
	Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$					
Applicant claims small entity status. See 37 CFR 1.27.									
	check in the amount of the fee is enclosed.								
Payment by credit card. Form PTO-2038 is attached.									
The Director has already been authorized to charge fees in this application to a Deposit Account.									
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to									
	posit Account Number 02-2448		, .	, , . , ,					
	ARNING: Information on this form may become pu ovide credit card information and authorization on		formation should not be in	ncluded on this form.					
I am ti	ne applicant/inventor.								
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).									
	x attorney or agent of record. Regis	stration Number	40,953						
	attorney or agent under 37 CFR 1	.34.							
	Registration number if acting under 37 CFR 1.34								
	Sollies	October	12 2007						
	Signature		Da						
	Esther H. Chong	(703) 205-8000							
	Typed or printed name	Telephone Number							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.									
	Total of1 forms are submit	ted.							

19/15/2007 SZEWDIE1 00000167 922448 10929035 1050.00 DA 01 FC:1253



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// Effective	re on 12/08/200	4	Complete if Known								
Fees pursuant to the Consolida	Application Number 10/029,035-			onf. #3483							
FEE TRA	Filing Date		December 28, 2001								
	First Named Inv	entor	Young BAE								
<u>For</u>	Examiner Name		R. N. Kackar								
Applicant claims smal	· · · · · · · · · · · · · · · · · · ·	See 37 CFR 1.27	Art Unit 1763								
TOTAL AMOUNT OF PAYME	NT	(\$) 1,050.00	Attorney Docket No. 2658-0280P								
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch,											
For the above-ident	tified deposit	account, the Director is	s hereby authorize	ed to: (che	eck all that apply)						
x Charge fee(s)) indicated be	elow	Charg	e fee(s) ir	ndicated below, ex	cept for th	e filing fee				
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17											
FEE CALCULATION											
1. BASIC FILING, SEARCH	H, AND EXA	MINATION FEES									
	FILIN		ARCH FEES	EXAMI	NATION FEES						
Application Type	Fee (\$)	Small Entity Fee (\$) Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Pa	aid (\$)				
Utility	310	155 510	255	210	105	<u> </u>					
Design	210	105 100	50	130	65						
Plant	210	105 310	155	160	80						
Reissue	310	155 510	255	620	310	•					
Provisional	210	105 0	0	0	0						
2. EXCESS CLAIM FEES							mall Entity				
Fee Description						Fee (\$)	Fee (\$)				
Each claim over 20 (includ		50	25								
Each independent claim ov	er 3 (includi	ng Reissues)				210	105				
Multiple dependent claims						370	185				
Total Claims Extra	Claims	Fee (\$) Fee	Paid (\$)	<u>N</u>	Multiple Depende	nt Claims					
			.00	Ē	ee (\$)	ee Paid (\$)					
HP = highest number of total cla Indep. Claims Extra	_ :		Paid (\$)			·····	_				
			0.00								
HP = highest number of indepen											
3. APPLICATION SIZE FEI	E										
If the specification and dr	awings exce	ed 100 sheets of paper	(excluding electr	onically f	iled sequence or	computer					
listings under 37 CFR	1.52(e)), the	application size fee du	ie is \$260 (\$130 f	or small	entity) for each a	dditional 50					
sheets or fraction there											
	xtra Sheets		idditional 50 or frac round up to a who			Fee P	aid (\$)				
- 100 = 4. OTHER FEE(\$)) ×	=									
, ,	ion \$130 fe	e (no small entity disc	ount)			rees	aid (\$)				
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,050.00											
SUBMITTED BY O											
Signature	tuen	Chris	Registration No. (Attorney/Agent)	40,953	Telephone	(703) 205	-8000				
Name (Print/Type) Esther H	October 12	2, 2007									